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han	LERK, U	AEL W. DOBBINS .S. DISTRICT COURT A) EXAMPER	IN I	FORMA PAUP FINANCI	ERIS APPLIC AND AL AFFIDAVI		
Advo	Plainti v. CALE	Heathcase	CASE NI	07CV6655 JUDGE KENI	DALL		
	254	(5)	JUDGE_	MAG. JUDGE	COLE		
one o inform I, (other_ full pre unable compla	er to a r more nation and paymen to pay the int/petit	is included, pleas ny question require e pages that refer to Please PRINT: ALEXANCIEL in the above t of fees, or A in suppor ne costs of these proceedi ion/motion/appeal. In sup- penalty of perjury:	s more information of each such a continuous declaration declarati	rmation than the question number are that I am the of This affidavit constant for appointment of am entitled to the reservance.	te space that is er and provide plaintiff [petitione itutes my application counsel, or [in the item is not be item in the item in the item is not be item in the i	provided, attact the additional r □movant on 🔀 to proceed with. I also declare that	thout
1.	I.D. #	u currently incarcerated?	Name of pris	son or iail:	(If "No," go to Que	•	
2.	Are you Monthly Name a LANG.	y salary or wages: E3 und address of employer: If the answer is "No": Date of last employmer Monthly salary or wages Name and address of last	nt:	DNO DOS PARRIA			
	b.	Are you married? Spouse's monthly salary Name and address of en	Yes or wages;	41.3.2000,c	2400.4 DISPER	tullside	2
3.	anyone	rom your income stated a else living at the same ad n X in either "Yes" or "	ldress received	more than \$200 fro	m any of the follow	ing sources?	
	a. Amoun			by MR & MRS	ALEXANDE	5 10	
	b.	☐ Business, 🌠 profession	on or LJ other s	elf-employment	□Yes	∑KNo	

A	amount	Received by_				
c. A	= rom payments.	est or dividend	ds	□Yes	i	ØNo
d. co	☐ Pensions, ☐ social secu	rity, □ annuities,] welfare, □ alin	, ☐ life insurance, ☐ nony or maintenance	disability, □ wor □ child supp	vorkers'	
A	mount 4 4758.00	_ Received by_	LAMAS ALEX	ANGER		⊠No
	mount	Received by		□Yes		⊠No
f. Aı	MAny other sources (state mount 209,00 Est.	source: 401 K Received by	INVESTMENT IN S	Alexardi	ENo EN	
4.	Do you or anyone else living savings accounts?	at the same addre	ess have more than \$2	Otal amount:	hecking o)r
5.	Do you or anyone else living a financial instruments?		ss own any stocks, b	onds, securities □Yes		≱ No
6.	Do you or anyone else living a condominiums, cooperatives, Address of property: Type of property: In whose name held: Amount of monthly mortgage Name of person making payments	MALLVIEW MALLVIEW USE DEMANTI	ats, etc.)? Current value: Relationship to you:	e (houses, apar IYes PROKETL FIRE 19	\Box No $\langle a \land A \rangle$	10 139/ 30 Yes
7.	Do you or anyone else living a homes or other items of person	t the same addressal property with	ss own any automobi a current market val	les, boats, traile ue of more than	\$1000? [] [/ xee	e INo
8.	List the persons who are dependent indicate how much you contributed to the series of	dent on you for s	upport, state your re eir support. If none, XANGER, PRI HEAS I SA NOCH, HEALT	lationship to eacheck here	ch person No depend	and dents

Financial Affidavit Continued,

Questions:

- 2&3) I currently work for Walgreens Pharmacy located at Rt. 53 and Lily Cache Lane in Bolingbrook as a Pharmacy Tech part-time, with a average estimated salary of \$450-\$500 biweekly. I also work two mornings a week for the Bolingbrook Park District in the before school program and I bring home an estimated average of \$200.00 a month. My wife Jennifer Alexander is a Special Education Teacher for the Menta Group, in Hillside Illinois. My wife makes an estimated \$2000.00-\$2400.00 dollars a month, and she works at Edward Hospital in Naperville as a part time on call Lab Tech and makes between \$140.00-\$350.00 dollars a month on that job when she works.
- Pt. D) I applied for and did receive eventually, my unemployment at a rate of \$173.00 a week, plus \$10.00 for 1 child. For a estimated total of \$4,758.00, from July 2006 thru December 2006.
- Pt. F) My wife and I received an estimated \$209.00 in 401K payments that we did not want to rollover.
- 6) My wife and I reside at 463 Mallview Lane, Bolingbrook, Illinois 60440. This Townhome is in Mrs. Jennifer Alexander name. The current estimated value is between \$140,000 and \$159,000 dollars, with an estimated balance of \$138,700. The monthly mortgage payment and association fee total \$1320.00.
- 7) My wife has a 2004 Chevy Cavalier that was purchased for an estimated \$10,800.00 and currently valued at \$6000.00, with a estimated balance of \$7900.00 owed on it.
- 8) We have been married 9 years and have 3 children together and 1 child from a previous relationship. Three Girls and one boy of which we pay 100% of their expenses to include; before and after school, daycare for our 4yr old. Tuition, books, lunch clothing, shoes, coats, scarfs, gloves, boots, life insurance ect.

I declare under penalty of perjury that the ab to 28 U.S.C. § 1915(e)(2)(A), the court shall allegation of poverty is untrue.	ove information is true and correct. I und dismiss this case at any time if the court	lerstand that pursuant determines that my
Date: 11/20/07	Signature of Application (Print Name)	EXANGER
NOTICE TO PRISONERS: A prisoner muinstitutional officer or officers showing all recthe prisoner's prison or jail trust fund account covering a full six months before you have file in your own accountprepared by each institute periodand you must also have the Certificate	eipts, expenditures and balances during t ts. Because the law requires information ed your lawsuit, you must attach a sheet of attorn where you have been in curtain to	he last six months in as to such accounts covering transactions
(Incarc (To be completed)	CERTIFICATE erated applicants only) by the institution of incarceration)	
I certify that the applicant named herein,	, I.D.#	, has the sum of
on account to his/her credit	at (name of institution)	Ţ
further certify that the applicant has the follow	ing securities to his/her credit:	. I further
certify that during the past six months the appl	icant's average monthly deposit was \$	
Add all deposits from all sources and then div	ide by number of months).	•
DATE	SIGNATURE OF AUTHORIZED	OFFICER
	(Print name)	